

Action Plan

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| Service Name: | Quantum Health |
| Service number: | 00746 |
| Service Provider: | Medical Weight Loss Limited |
| Address: | 186 Kilmarnock Road, Shawlands, Glasgow G41 3PG |
| Date Inspection Concluded: | 23 November 2021 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible person |
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| Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. | We will produce register of risk assessments. This will include a workplace risk assessment and infection risk assessment. These will be reviewed annually and whenever there is an update HIS guidance on COVID-19 risks. | 4 weeks | KA |
| Requirement 2: The provider must develop a recruitment policy, practicing privileges policy and a training and induction policy to ensure safe recruitment and consistent induction and training processes for any new staff working in the service. | We will produce a Recruitment policy, Practicing Privileges Policy and Training and Induction policies. | 6-12 months | KA |
| Requirement 3: The provider must implement a suitable system of regularly reviewing the quality of the service. | We plan to seek email feedback from every new client/patient. We are looking to register with Doctify to enable regular review/ratings from patients. | 6-12 months | KA |

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| Recommendation a: The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance. | We will produce a weekly cleaning audit sheet with evidence that the general environment and medical equipment is cleaned daily. This will be kept in a folder at reception. | 4 weeks | KA |
| Recommendation b: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented. | Develop monthly audit of the following practices <ul style="list-style-type: none"> • Infection prevention and control checks • checking expiry dates of single-use patient equipment • patient care records | 4 weeks | KA/UH |
| Recommendation c: The service should ensure necessary measures to manage fire risk are in place throughout the service. | Development of a fire risk assessment and discussion with landlord to provide fire extinguishers | 4 weeks | UH |
| Recommendation d: The service should ensure that patient consent to treatment, and to sharing information with their GP and other healthcare staff in an emergency, if required, is obtained and documented in patient care records. | Discussion with HeyDoc to include a patient consent tick box when registering new patients that they agree sharing of their information with their NHS GP and/or necessary healthcare staff in an emergency. We will also ensure next of kin data is included in the registration process. | 4 weeks | UH |

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| Recommendation e: The service should request next of kin contact details and GP contact details for each patient. | As above | Immediate | KA |
| Recommendation f: The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability. | We have commenced weekly management meetings with recording of minutes and these include an action plans with accountability | Immediate | KA |
| Recommendation g: The service should develop a structured processes of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service. | We plan to commence obtaining feedback from each registered patient after each new consultation via email. We will also look to register with Doctify which provides a structured process to obtain and review patient feedback, | 3-6 months | UH |
| Recommendation h: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement. | We will look to develop and implement a quality improvement plan as part of an annual review of the service. | 6-12 months | KA/UH |

Name

Kashif Ali

Designation

GP and Clinical Director

Signature



Date 18/01/22

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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